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The miracle of communication as a global issue in clinical learning motivation of nursing students

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Abstract

Background: Globalization is based on the expansion of communications worldwide. Demographic changes in the Iranian student population due to Iran's multicultural and multi-ethnic background, coupled with migration of some students from foreign countries, are among the issues posing serious challenges to medical education, particularly in the area of human communications. Clinical learning by nursing students is itself carried out within a complicated context of interactions between those with clinical responsibilities. Since communications play an effective role in students' motivation level and clinical learning would be rendered useless without their motivation, this study was planned to define students' and instructors' perceptions of the role of communications in the motivation of nursing students with regard to clinical learning. **Method:** This study was performed on a qualitative basis; the participants of the study comprised 16 nursing students and 4 instructors who participated in semi-structured interviews, with due regard to the ethics of the study. The data obtained from these interviews were qualitatively analysed after recording and transcribing. **Findings:** The following themes were extracted for motivation of the nursing students' clinical learning: 'communications with nurses' (with the sub-themes of 'nurse–student communications, nurse–instructor communications and nurse–nurse communications'), 'student–patient communications', 'student–instructor communications' and 'student intercommunications'. **Conclusion:** The results of this study showed that in the contemporary global society where communication technology has eliminated geographical boundaries, human communications still play a key role in clinical education. Communications within the clinical environment create an atmosphere conducive to either motivation or demotivation among nursing students.

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Open access under [CC BY-NC-ND license](https://creativecommons.org/licenses/by-nc-nd/4.0/).**Keywords:** communication; motivation; clinical learning; nursing students

1. Introduction

Globalization is an inevitable process with different dimensions and consequences. Thanks to advances in communicational technologies, this process is developing faster than at any time in the past, and a new cultural situation has emerged in societies worldwide (Shahnoshi & Lelari, 2010). Thomas Friedman, in his book *The World Is Flat*, describes an increasingly globalized world where playing fields are being levelled and global connectivity has turned everyone into a next-door neighbour (A. Abbott & Coenen, 2008). One consequence of this process of globalization is the increasing susceptibility of education to its impacts, manifest in decentralization, the increasing use of technology, and growth in the levels of multidimensional skills, migration and brain

circulation(Shakori, 2010). Nursing education is not immune from this process, and as globalization marches on it will pose substantial problems in the field of nursing education(Lee, Lu , Yen, & Lin, 2004).

The clinical education of nursing students is conducted within the clinical setting, which involves a complicated network of communications, and paying heed to the importance of those communications in the clinical learning process is of great importance. Actors in a clinical environment include instructors, nurses, physicians and patients, who create a great cultural diversity because of divergent ethnic migrations. The role of communications is discussed in earlier studies(Baltimore, 2004; Dendaas, 2004 ; Sharif & Masoumi, 2005 ; Williamson & Webb, 2001). Nevertheless, it must be admitted that clinical learning without any motivation for students has no useful purpose. Some studies stress the role of communications in clinical learning. For instance, it is suggested that key elements of student motivation include an effective student–instructor communication, consultation, the creation of challenges for students while not discouraging them, and positive feedback and reinforcement with regard to their learning materials(Russell 2006 ; Tempelaar , Gijssels, LoeF, & Nijhuis, 2007). In another study, students complained about not having a cooperative communications with the staff(Rahim Aghaie, Dehghan Naieri, & Adib-Hajbaghery 2009). It has been shown that cooperative student–instructor communications enhance students' self-confidence and learning motivation(Paterson & Crawford, 1994). Burnarda et al. noted that a lack of motivation among nursing students were the key factors affecting interactions and communications(Burnarda & Naiyapatana, 2004). With regard to the significance of communications in nursing students' clinical learning within a global society and their role in motivation, as well as lack of adequate research in this area, the organizers of this study decided to investigate nursing students' and instructors' experiences in a qualitative manner, to acquire a deeper understanding of the role of communications in the motivation of nursing students with regard to clinical learning.

2. Study method

The present study is in the form of a qualitative content analysis. The participants in this study comprised 16 bachelor nursing students and 4 instructors, specifically selected. After the study aims were endorsed by the ethical committee, the researchers began gathering the required data. The participants were asked for permission to have their responses recorded, and to sign the informed consent sheet. Participant anonymity, data confidentiality and the right to end participation in the study at any time were assured. The audio files were labelled with specific codes. In this study the data were gathered through semi-structured interviews in which the participants explained their experiences of the impact of communications on their learning experiences in the clinical environment. Participant criteria were studying at semester 4 or higher (students) and having a minimum of 5 years' experience in clinical teaching (instructors).

The first question asked was a general one: 'How does communication play a role in the motivation of students' clinical learning?' Subsequent questions were designed based on participants' answers to the first question(Kvale, 1998). Interview location (at a private location) and time were decided based on the participants' agreement. After typing interview responses, these were read carefully and a code was ascribed for certain words or expressions using the Maxqda 2007 software package. Conceptually similar codes were placed in the same cluster, conceptually similar clusters were placed in same category and then similar categories combined. The interviews were continued to data saturation(Polit & Beck, 2008).

To ensure data validity, prolonged data analysis was performed by allocating sufficient time for adequate data analysis. The extracted codes were returned to the participants for member checking. In addition, to justify the study process expert reviews were conducted(based on results, analyses and conclusions) by a researcher familiar with the clinical environment and qualitative research.

3. Findings

Student participants comprised 10 females and 6 males(age range 21–25 years) in semesters 4–8 of nursing bachelor; instructors comprised 3 females and 1 male with average length of teaching experience 7–30 years. The main themes extracted were 'communications with nurses', 'student–instructor communications', 'student–patient communications', 'student–physician communications' and 'student intercommunications'.

3.1. Communications with nurses

This theme included the sub-themes of 'nurse–student communications', 'nurse–instructor communications' and 'nurse–nurse' communications.

a. Nurse-student communication

Under the banner of good communication, students mentioned factors including 'nurses' friendly behaviour', 'nurses' accountability', 'support', 'cooperation', 'encouragement' and 'nurses caring about students' work and relying on their knowledge'. Examples of negative communication included 'nurses' unfriendly behaviour', 'lack of support offered to students' and 'lack of trust in students' skill and knowledge'. These latter examples demotivated students with regard to clinical learning.

b. Nurse-instructor communication

Participants mentioned that instructors did not communicate with nurses most of the time, or that communication was virtually negligible. When this communication was stronger, nurses were more willing to cooperate with students, which improved students' motivation within the clinical environment.

c. Nurse-nurse communication

Since students are the nurses of the future, the way in which nurses communicate with each other is of great significance for students. If nurses' communications with each other are on a positive, friendly and respectful basis, students will be optimistic about working in such an environment, and vice versa.

3.2. Student –Instructor communication

Positive communications between nurses and students are highly important, and are recognized by remarks such as 'instructors' friendly manner', 'giving autonomy to the students' and 'trusting students'. The fruits of positive communications are further learning and students' full attendance at the clinic. On the other hand, students mentioned 'instructors' carping attitude and their overly strict regime' among their negative experiences of communications with their instructors, which may lead to students not wishing to continue down that career path.

3.3. Student-patient communications

Some patients have no interest in developing communications with students, but students try to communicate with patients due to their interest in pursuing a nursing career. The outcomes of students' positive communications with patients were 'mutual respect and a prolonged communication' and, as a result, 'students' further learning and motivation'.

With regard to negative student–patient communications do not trust students' work. Lack of sufficient knowledge and clinical skills on the part of students, coupled with the exhaustion and bad temper evidenced by some patients, may further impair this communication. In some cases, this communication failed due to differences in language or accent among students and patients, with the result that students' caring becomes simply mechanical.

3.4. Student–physician communication

Physician attention to information offered by students encourages the latter towards further learning. On the contrary, physician indifference – or even their mere presence – can make students fearful of developing communication with doctors, which in turn demotivates them career-wise.

3.5. Students intercommunications

The presence of industrious and self-motivated students in student clinical learning groups enhances groups' motivation for learning, competition and further clinical work. On the contrary, students' career motivation can be destroyed through the repetition of negative events.

4. Discussion

Inter-professional and interdisciplinary communications in health systems today are faced with many challenges. Hence, many nurses are now migrating abroad to search for a job or to pursue their studies, globalization is gathering momentum in the field of nursing and the role of communications in this field is becoming ever more important.

Therefore, it is incumbent upon us to be ready to deal with the communication process in students' clinical learning. As the results of this study indicate, when students enter the clinical environment they encounter a complicated communication network which, per se, may influence their learning process. The results of another qualitative study revealed that individual communications in the clinical setting were the main factor inducing stress in students (Shipton, 2002).

Based on the results of our research, to a great extent the student and nursing population comprises various ethnic groups from different parts of Iran or its neighbouring countries – which makes the role of communication even more critical. Good communication between students and nurses promotes greater career interest for students. As previous studies have shown, accepting and trusting students leads to them acquiring clinical experience, the creation of a pleasant working environment and opportunities for further learning (Williamson & Webb, 2001). On the other hand, friction and even conflict between staff and students can indirectly affect the clinical learning process (Baltimore, 2004; Dendaas, 2004; Sharif & Masoumi, 2005).

With regard to the findings of a study on the appropriate communication between instructors and students, Comadena also believes that communication skills are the mark of an excellent and exemplary instructor (Comadena, Hunt, & Simonds, 2007). However, negative student–instructor communications, such as in the scenario where students are humiliated by the instructor in front of other individuals present in the clinic, create disappointment among students and discourage further clinical work. The most challenging areas in clinical learning reported by students were 'embarrassing experiences', such as 'instructors reproving the students in front of ward staff and physicians' (Yazdankha Fard et al., 2008 & 2009).

With regard to student–patient communications, the results from another study revealed that effective behaviours in clinical learning and having positive communications are of key importance (Hadizade, Firozi, & Shamaeyan, 2005). Most students participating in our study were unhappy about their inability to create friendly communications with patients; this situation was aggravated by the presence of emigrant and tourist patients and cultural differences between staff and patients.

Due to the elevated position of physicians within the Iranian health system, student–physician communications are of key significance with regard to students' motivation towards clinical learning. Furthermore, medical doctors' behaviour and their communications with students were suggested as stress-producing factors for students in the sphere of interpersonal communications (Yazdankha Fard et al., 2008 & 2009).

With regard to student intercommunications, the results of our study revealed that students from diverse cultural backgrounds are influenced by each other. Diligent and self-motivated students can create a competitive environment and enhance the level of motivation for their classmates. However, the students participating in this research expressed mainly negative thoughts on such intercommunications. This finding is in contrast to the results obtained by Peyravi et al., who found that students supported each other in the clinical environment (Peyrovi, Oskouie, & Yadavar-Nikraves, 2005).

5. Conclusion

The results of this study show that human communications within the clinical environment play a key role in the motivation or demotivation for students with regard to clinical learning. Thus, it is obvious that the inclusion of communication skills in the curriculum of the various disciplines within medical science is of great significance and, based on this study; in most cases lack of such skills creates negative human communications. In the 21st century, the great dependence of individuals on information technologies may have led to this communications failure, which is more pronounced now than in previous times. The results of this study, on the other hand, indicate that human communications have a particular role in clinical learning. Considering the global slogan of 'think globally act locally', awareness in developing countries of the impacts of communication patterns – with regard to the divergent cultures present within the clinical setting – in clinical nursing learning, and the application of improved communications (and thus motivation) in upgrading nursing knowledge can contribute to a reduction in these countries' health care costs, and, in turn, improvement in the quality of care services offered.

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